MEMORANDUM

TO: CSB ID Directors
Intellectual Disability and Day Support Waiver Providers

FROM: C. Lee Price, Director of the Office of Developmental Services

SUBJECT: Clarification Regarding the 11/26/12 DMAS Medicaid Memo

DATE: November 30, 2012

In response to numerous questions regarding the contents of DMAS's Medicaid Memo of 11/26/12 and its implications for those involved with delivering Intellectual Disability (ID) and Day Support (DS) Waiver services, DBHDS would like to offer the following clarifications:

1. DBHDS Office of Developmental Services staff will continue to complete service authorizations for the ID and DS Waivers. These will continue to be submitted through IDOLS.

2. All services currently "open" for ID or DS waiver individuals for which no billing has been submitted since 11/1/11 will be automatically closed effective 12/31/12. Therefore, if you have not billed in a year for services that you continue to provide and for which the service authorization should remain open, those services will need to be reauthorized through the usual process after 1/1/13.

3. All other currently open authorized services for which at least one bill has been submitted and reimbursed since 11/1/11 will be given an end date in 2014. DMAS has no way of knowing individuals' annual ISP due dates, so the end dates given will not necessarily correspond to annual review dates. Providers will receive a letter stating the new end date and it is the provider's and CSB's joint responsibility to ensure that a request for reauthorization is submitted no later than that date in order for billing to be continuous. Thereafter, all authorizations for those services will be entered in the VA Medicaid Management Information System (VAMMIS) for the timeframes listed in the "Maximum Duration of Authorization" column of the chart on pages 2 – 4 of the 11/26/12 memo.

4. As of 1/1/13, all newly authorized services will be entered into VAMMIS with an end date that reflects the "Maximum Duration of Authorization" timeframe for that service in the chart on pages 2 – 4 of the 11/26/12 memo. Requests for continued service authorization must be submitted to ODS staff no later than the end date (preferably 10 – 30 days prior to the end date) in order for billing to be continuous.

Your Community Resource Consultant is available to answer any questions about particular service authorization scenarios.

cc: CSB Executive Directors
Terry Smith, DMAS
Heidi Dix, DBHDS
Gail Rheinheimer, DBHDS
Cynthia Smith, DBHDSS
Cheri Stierer, DBHDS

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MEDICAID MEMO

TO: All Providers and Case Managers for Elderly or Disabled with Consumer Direction Waiver, Technology Assisted Waiver, Intellectual Disability (ID) Waiver, Day Support (DS) Waiver, Individual and Family Developmental Disabilities (IFDDS) Waiver, Case Managers for IFDDS Waiver, and Community Services Boards Providing Case Management for Intellectual Disability and Day Support Waiver Participating in the Virginia Medical Assistance Programs

FROM: Cynthia B. Jones, Director

Department of Medical Assistance Services

MEMO: Special

DATE: 11/26/2012

SUBJECT: Notification of Procedural Changes to Waiver Service Authorization End Dates and Changes to Duration of Service Authorizations — ***Effective January 1, 2013***

The purpose of this memorandum is to notify all waiver providers and case managers/support coordinators rendering waiver services and/or case management/support coordination services that the Department of Medical Assistance Services (DMAS) will be 1) end dating open ended service authorizations and 2) modifying the duration of the service authorizations.

Effective January 1, 2013, fee for service Medicaid services will no longer be authorized without specific end dates, regardless of the authorizing entity. Members/Individuals who currently have authorizations will not have their services/units reduced, but will have a specific end date for their existing service authorization. Providers must request new service authorizations if the member/individual continues to need services past the authorization end date.

DMAS will be placing definitive end dates on all service authorizations. For dormant authorizations in which there has been no claims activity against the current service authorization since November 1, 2011 and the authorization extends past December 31, 2012, DMAS will end date the service authorization with the new end date 12/31/2012. DMAS will end date all other authorizations that are currently open ended or extend past December 31, 2014 with a 2-year end

date in the year 2014. Providers will receive a letter generated from the MMIS with the new service authorization end date. KePRO and the Department of Behavioral Health and Developmental Services (DBHDS) will receive these authorizations with the new end dates. The service authorization number for billing purposes will not change.

Prior to the expiration date of the new authorization, if the individual continues to be in need of these waiver services, the provider must submit a request justifying the need for the service to the appropriate authorizing agent. If the request is not received prior to the end date of the current authorized period, providers may have a denial for dates of service up to the date the request was received.

Documentation submitted for new admission and/or continued services will be validated within the clinical record upon post payment review. Inconsistencies in documentation may be subject to retraction and/or referral to the Medicaid Fraud Control Unit (MFCU) within the Office of Attorney General.

New Duration of Waiver Service Authorizations

If the member/individual continues to be in need of service past the authorized end date, the provider must submit a request for continued services. Providers must submit written justification for each service as identified in DMAS' service criteria and include it with the request to extend the service authorization. Documentation submitted for each request must support the need for the service(s) being requested. Providers must check the MMIS generated letter to determine the new authorization expiration date. The following table represents the waiver services and the maximum duration that they may be approved. **There are no automatic renewals of service authorizations.**

Procedure Code	Service Description	Elderly and Disabled with Consumer Direction/ 0900	Technology Assisted Waiver/0960	Individual and Family Developmental Disabilities Waiver/0902	Intellectual Disability Waiver/0940	Day Support Waiver/0945	Money Follows the Person/0909	Maximum Duration of Authorization
S5102	Adult Day Health Care	√						12 months
T1999	Assistive Technology		√	√	√		√	30 days
T1999, U5	Assistive Technology, Maintenance		√	√	√		√	30 days
S5135	Companion Care, Agency Directed			√	√			12 months
S5136	Companion Care, Consumer			√	√			12 months

Procedure Code	Service Description	Elderly and Disabled with Consumer Direction/ 0900	Technology Assisted Waiver/0960	Individual and Family Developmental Disabilities Waiver/0902	Intellectual Disability Waiver/0940	Day Support Waiver/0945	Money Follows the Person/0909	Maximum Duration of Authorization
	Directed							
97535	Congregate Residential Services				√			12 months
H0040	Crisis Stabilization - Supervision			√	√			15 consecutive days; up to 4 authorizations annually (annual total 60 days)
H2011	Crisis Stabilization - Intervention			√	√			15 consecutive days; up to 4 authorizations annually (annual total 60 days)
97537	Day Support, Regular			√	√	√		12 months
97537, U1	Day Support, High Intensity			√	√	√		12 months
S5165	Environmental Modifications		√	√	√		√	30 days
99199, U4	Environmental Modifications, Maintenance		√	√	√		√	30 days
S5111	Family Caregiver Training			√				12 months
H2014	In Home Residential Support			√	√			12 months
T1002	Nursing,		√	√	√			12

Procedure Code	Service Description	Elderly and Disabled with Consumer Direction/ 0900	Technology Assisted Waiver/0960	Individual and Family Developmental Disabilities Waiver/0902	Intellectual Disability Waiver/0940	Day Support Waiver/0945	Money Follows the Person/0909	Maximum Duration of Authorization
	Skilled (RN)							months; may be up to 24 months for Tech Waiver
T1003	Nursing, Skilled (LPN)		√	√	√			12 months; may be up to 24 months for Tech Waiver
T1000, U1	Nursing, Congregate (RN)		√					24 months
T1001, U1	Nursing, Congregate (LPN)		√					24 months
S5160	PERS Installation	√	√	√	√			30 days
S5161	PERS Monthly Monitoring	√	√	√	√			12 months
S5160, U1	PERS Medication Monitoring Installation	√	√	√	√			30 days
S5185	PERS Monthly Medication Monitoring	√	√	√	√			12 months
H2021, TD	PERS Nursing (RN)	√	√	√	√			12 months
H2021, TE	PERS Nursing (LPN)	√	√	√	√			12 months
T1019	Personal Care, Agency Directed	√	√	√	√			12 months
S5126	Personal Care, Consumer Directed	√		√	√			12 months
H2025	Pre-			√	√	√		12

Procedure Code	Service Description	Elderly and Disabled with Consumer Direction/ 0900	Technology Assisted Waiver/0960	Individual and Family Developmental Disabilities Waiver/0902	Intellectual Disability Waiver/0940	Day Support Waiver/0945	Money Follows the Person/0909	Maximum Duration of Authorization
	Vocational Services, Regular Intensity							months
H2025, U1	Pre-Vocational Services, High Intensity			√	√	√		12 months
T1005 (RESPI)	Respite, Agency Directed	√	√	√	√			12 months
S5150	Respite, Consumer Directed	√		√	√			12 months
S9125, TE (RESPI)	Respite , Skilled (LPN)		√					12 months
S9125, TD (RESPI)	Respite , Skilled (RN)		√					12 months
T1030, TD	Respite, Congregate (RN)		√					12 months
T1031, TE	Respite , Congregate (LPN)		√					12 months
H2023	Supported Employment - Individual			√	√	√		12 months
H2024	Supported Employment - Enclave			√	√	√		12 months
97139	Therapeutic Consultation			√	√			12 months
H2015	Transition Coordination	√					√	12 months for EDCD; 14 months for MFP
T2038	Transition Services	√	√	√	√		√	9 months

Methods of Submission to KePRO

All submission methods and procedures are fully compliant with the Health Insurance Portability and Accountability Act (HIPAA) and other applicable federal and state privacy and security laws and regulations. Providers will not be charged for submission, via any media type, for service authorization requests submitted to KePRO.

KePRO accepts service authorization (srv auth) requests through direct data entry (DDE), fax and phone. Submitting through DDE puts the request in the worker queue immediately; faxes are entered by the administrative staff in the order received. For direct data entry requests, providers must use Atrezzo Connect Provider Portal. For DDE submissions, service authorization checklists may be accessed on KePRO's website to assist the provider in assuring specific information is included with each request. To access Atrezzo Connect on KePRO's website, go to http://dmas.kepro.com.

Provider registration is required to use Atrezzo Connect. The registration process for providers happens immediately on-line. From http://dmas.kepro.com, providers not already registered with Atrezzo Connect may click on "*Register*" to be prompted through the registration process. Newly registering providers will need their 10-digit National Provider Identification (NPI) number and their most recent remittance advice date for YTD 1099 amount. The Atrezzo Connect User Guide is available at http://dmas.kepro.com : Click on the *Training* tab, then the *General* tab.

Providers with questions about KePRO's Atrezzo Connect Provider Portal may contact KePRO by email at atrezzoissues@kepro.com. For service authorization questions, providers may contact KePRO at providerissues@kepro.com. KePRO may also be reached by phone at 1-888-827-2884, or via fax at 1-877-OKBYFAX or 1-877-652-9329.

Methods of Submission to the Department of Behavioral Health and Developmental Services (DBHDS)

The Department of Behavioral Health and Developmental Services (DBHDS) receives electronic submissions of Individual Service Authorization Request through Intellectual Disability On-Line System (IDOLS). DBHDS manages the service authorization for all Intellectual Disability (ID) and Day Support Waiver Services. To access IDOLS all providers must have set up accounts in DBHDS' Delta system. Delta is DBHDS sign in solution and security portal which links to IDOLS. The provider agency's local administrator grants security access to the staff for applications in IDOLS, including service authorizations.

For additional information on service authorization and the IDOLS system at DBHDS, go to http://www.dbhds.virginia.gov/ODS-UsefulInformation.htm#mr4 under the Office of Developmental Services webpage listing, *IDOL Service Authorization Manual*.

VIRGINIA MEDICAID WEB PORTAL

DMAS offers a web-based Internet option to access information regarding Medicaid or FAMIS member eligibility, claims status, check status, service limits, service authorizations, and electronic copies of remittance advices. Providers must register through the Virginia Medicaid Web Portal in order to access this information. The Virginia Medicaid Web Portal can be accessed by going to: www.virginiamedicaid.dmas.virginia.gov. If you have any questions regarding the Virginia Medicaid Web Portal, please contact the Xerox State Healthcare Web Portal Support Helpdesk, toll free, at 1-866-352-0496 from 8:00 a.m. to 5:00 p.m. Monday through Friday, except holidays. The MediCall audio response system provides similar information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider. Providers may also access service authorization information including status via KePRO's Provider Portal, effective October 31, 2011 at http://dmas.kepro.com.

ELIGIBILITY VENDORS

DMAS has contracts with the following eligibility verification vendors offering internet real-time, batch and/or integrated platforms. Eligibility details such as eligibility status, third party liability, and service limits for many service types and procedures are available. Contact information for each of the vendors is listed below.

Passport Health Communications, Inc. www.passporthealth.com sales@passporthealth.com Telephone: 1 (888) 661-5657	SIEMENS Medical Solutions – Health Services Foundation Enterprise Systems/HDX www.hdx.com Telephone: 1 (610) 219-2322	Emdeon www.emdeon.com Telephone: 1 (877) 363-3666

"HELPLINE"

The "HELPLINE" is available to answer questions Monday through Friday from 8:00 a.m. to 5:00 p.m., except on holidays. The "HELPLINE" numbers are:

1-804-786-6273	Richmond area and out-of-state long distance
1-800-552-8627	All other areas (in-state, toll-free long distance)

Please remember that the “HELPLINE” is for provider use only. Please have your Medicaid Provider Identification Number available when you call.